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ABSTRACT

On the premise that access to services addressing children's emotional well-being is essential to improving the quality of care received, this paper presents a framework or plan of action to ensure that those services are accessible in Delaware and meet the needs of all children, their parents, and the child care community that serves them. Emotional wellness is defined as the ability to trust, thrive, relate to others, and have a sense of well-being, personal worth, and resilience. The framework to promote emotional wellness is intended for agencies, employers, service providers, early care and education programs and councils, and others to guide individual and collaborative action supporting the emotional well-being of young children and their families. The paper outlines 6 major goals and 82 strategies and implementation tasks to support children and families. The goals relate to: (1) prevention, early intervention, and treatment; (2) educational opportunities; (3) public will; (4) governance; (5) financing; and (6) results. The paper notes that while Delaware policymakers believe all children deserve emotional support, it is imperative that special interventions are available for children exposed to separation, trauma, and life stressors. The report further states that successful action will occur when the state creates the caring needed to garner public-private resources collaboratively to support the whole child within his or her family. Included is a glossary of important terms and a list of the members of the framework planning committee. (KB)

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Delaware Department of Education

2003

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Building a strong foundation for early success

Partnering to Promote

Emotional Wellness in Young Children

Delaware's **Framework for Action 2003**

Acknowledgements

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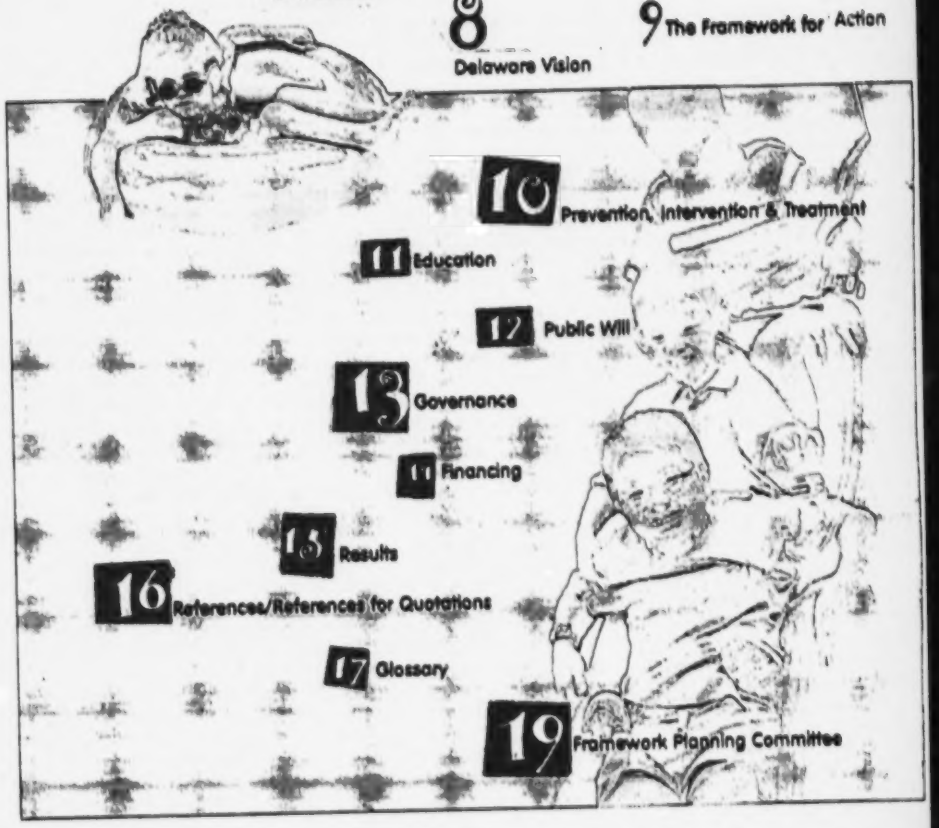

In 2000, the Delaware Early Care and Education Office was established through legislation as an interagency office whose mission is to support the implementation of *Early Success*, the Delaware strategic plan for early care and education. The goal of *Early Success* is the development of a quality early care and education system for Delaware's children and families. In April of 2002, President Bush announced a new early childhood initiative called *Good Start, Grow Smart*, a plan to strengthen early learning in young children. One aspect of this plan is demonstration through research that strong social and emotional development is a key foundation for successful development and learning.

Delaware has embraced these quality initiatives that include focusing on building a strong foundation of social and emotional wellness for young children. Delaware defines emotional wellness as *the ability to trust, thrive, relate to others and have a sense of well-being, personal worth and resilience*. Young children gain this foundation through nurturing environments where they learn about themselves, develop positive relationships, work cooperatively, resolve conflict, and develop internal motivation and feelings of self-worth.

A stakeholder group of over forty persons have collaborated to create a framework for action to guide public and private agencies in working together to ensure that Delaware children receive that strong foundation. *The Framework for Action: Partnering to Promote Emotional Wellness in Young Children* outlines six major goals and eighty-two strategies and implementation tasks to support children and families. Delaware commits to ensuring the social and emotional wellness of young children and their families by supporting the following goals:

Goal 1 – Prevention, Early Intervention and Treatment
By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention, and treatment services for young children, birth to five.

Goal 2 – Educational Opportunities
By 2005, offer educational opportunities to advance quality services that support emotional wellness in young children.

Goal 3 – Public Will
By 2006, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.

Goal 4 – Governance
By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

Goal 5 – Financing
By 2004, create financing opportunities to implement the Framework for Action through coordination, redirecting existing resources, and state, federal and private funding opportunities.

Goal 6 – Results
By 2008, systems will be implemented to measure the variety and quality of early childhood emotional wellness prevention, intervention and treatment services.

In 2000, there were over 51,000 children, birth to five, in Delaware. Approximately 35,000 of these children attended licensed child care. Preschool teachers report disruptive behaviors as the greatest challenge they face. National statistics estimate that the prevalence of problematic behavior is about 10%. That percentage increases as the ratio of children exposed to trauma and stressors increases. While Delaware believes that *all* children deserve emotional supports, it is imperative that special interventions are available for those children exposed to separation, trauma and life stressors. It is for that reason that this initiative is aligned with, and serves as, a quality initiative to support efforts to build Delaware's early care and education system.

Successful action will occur when we create the caring needed to garner public-private resources in a collaborative manner to support the whole child within the context of their family. The framework is intended to be used by agencies, employers, service providers, higher education, pediatricians, early care and education programs and councils, and other stakeholders as a guide for individual and collaborative action to support the emotional wellness of young children and their families.

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Promoting
Emotional Wellness
in Delaware's
Young Children

What is Emotional Wellness of Young Children?

Emotional wellness is the ability to trust, thrive, relate to others and have a sense of well being, personal worth, and resilience. Young children gain this foundation through nurturing environments where they learn about themselves, develop positive relationships, work cooperatively, resolve conflict, and develop internal motivation and feelings of self-worth.

introduction

The emotional wellness in young children is a critical part of their development and growth. In *Early Success: Creating a Quality Early Care and Education System for Delaware's Children* (2000), access to services that address the emotional well-being of children is noted as essential to improving the quality of care that children receive. This framework outlines a plan of action to ensure that those services are accessible and meet the needs of all children, their parents, and the child care community that serves them. By taking a collaborative approach when creating this framework, we have assured that its components are aligned with the *Early Success* strategic agenda, and that the community at-large is committed to moving the emotional wellness agenda forward. As we move forward, progress on the goals of this framework will be reported annually to the Interagency Resource Management Committee (IRMC) and the Delaware Early Care and Education Council (DECEC) to ensure that emotional wellness initiatives remain in keeping with the overall vision for early care and education reform in the State of Delaware.

background and rationale

In August 2001, a steering committee of approximately twenty-seven representatives came together under the guidance of Georgetown University to strategize about how to raise the awareness of the need to address young children's emotional wellness. Under the sponsorship of the Departments of Education, Health and Social Services and the Office of Early Care and Education, the steering committee planned an Early Childhood Summit on "Partnering: to Promote Emotional Wellness in Young Children" on March 1, 2002. Over two-hundred and fifty stakeholders inclusive of legislators, families, advocates, agencies, early care and education, school counselors, etc. convened. There was overwhelming support from participants that this was an important issue. This Summit provided the impetus to convene a planning committee to develop a research-driven, long range interagency plan to promote the emotional wellness of Delaware's young children birth to age five and their families. Delaware's plan builds upon *Early Success* and the national policy work conducted by Georgetown University, the National Center for Children in Poverty, Zero to Three, and the National Center for Child Mental Health.

The Framework for Action is the product of many months of intense planning that began in June 2002. The University of Delaware Conflict Resolution Program facilitated the planning process and conducted a two month review process from the overall community. Technical review was conducted by Georgetown University and University of Maryland followed by further fine-tuning of the document to reflect selective comments from the review process.

This Framework is intended to be used by agencies, employers, service providers, higher education, pediatricians, early care and education councils, Head Start, and other stakeholders as a guide to individually and collectively explore successful ways to coordinate, blend strategies into related emerging activities and garner resources to support the emotional wellness of young children and their families.

Additionally, this Framework has been closely aligned with *Early Success* to build a comprehensive system for quality early care and education. Throughout the report, support is referenced to *Early Success* goals that support emotional wellness by the symbol ☆.

As stated by Valerie Woodruff, Secretary of Education, in her invitation to the Summit:

"Children ready for success in learning is a goal of the Department of Education. The Department has undertaken the task to ensure that the cadre of children entering our schools have the foundation of skills they need to be successful in their future educational settings. The Research Council indicates that it is critical that we garner our resources because successful action will require the long-term collaborative investment of government, professional organizations, private philanthropy, and voluntary associations. It truly takes a village of committed individuals and agencies working collaboratively to make a difference. It is our hope to bring together a caring community that results in a commitment and plan that supports the whole child and prepares them to be lifelong learners."

Recent research indicates:

Family stressors impact children

High rates of parental exposure to serious life stressors compromise the emotional well-being of young children.

Educators need a complete profile of children and families' lives outside of the classroom.

Challenges exist for early care and education programs

Preschool teachers and child care providers report that disruptive behavior is the single greatest challenge they face and that there seem to be increasing numbers of disruptive and aggressive children in their classes each year.[1]

The prevalence of problematic behaviors in young children is about 10%. Studies focused on low income children in kindergarten suggest a prevalence rate considerably higher at 27 percent. If children are exposed to four or more stressors, research indicates that the prevalence rate could be as high as 49%.

Implications apparent for learning and school readiness

Young children who act in antisocial ways participate in classroom activities less and are less likely to be accepted by classmates and teachers. Even in preschool, teachers provide such children with less positive feedback. These children like school less, learn less, and attend less.[2]

Children suffer

It is difficult but essential to recognize and address suffering and pain in young children.

As early as infancy, children suffer: "pain from trauma, abuse, loss of a caregiver; misery from neglect; suffering from cumulative stress; and suffering from lack of opportunity." Adults avoid believing children suffer, so it is difficult to recognize sadness and emotional shutdown.[3]

Prevalence of Parental Risk Factors Likely To Negatively Impact Young Children's Social and Emotional Development.

In a sample of over **700 women** transitioning from welfare to work:

32% had less than a high school education (compared with **13%** nationally).

25% had a major depressive disorder (compared with **13%** nationally).

22% had a child with a significant health problem (compared with **16%** nationally).

20% had their own significant health problem.

15% had experienced post-traumatic stress disorder (the same rate as the national estimates).

15% had experienced an anxiety disorder (compared with **4.3%** nationally).

15% had experienced domestic violence (compared with **3%** nationally).

15% had low work experience.

6% experienced alcohol or drug dependence (the same as the national rate).

[1] Cameron, M., Rodriguez, S., Hribar, C., Reid, A., Levine, J., Fiese, D., Seedall, R., Nelson, R., & Tarver, B.G. (2000). Services to the employed head of welfare recipients. In K. Cherry & W.W. Rogers (Eds.), Prosperity for all: The economic boom and African Americans. New York, NY: Russell Sage Foundation.

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How do Delaware's children fare?[*]

In 2000:

- There were 51,531 children birth to five in Delaware.
- Approximately 65.7% of mothers of all children under six were in the workplace.
- Approximately 35,000 children under five attended licensed child care.
- Approximately 8,848 or 17% of children lived in poverty.
- Approximately 20,000 children below five lived in single parent households.
- An estimated 1,000 children were raised by grandparents.
- Approximately 12,000 substandard housing units were homes to 17,000 children.
- Approximately 13% of children under five did not have health insurance.
- Approximately 2,000 children were the victims of substantiated abuse.
- An average of 980 children were in foster care each month.
- An estimated 2,500 children under five were separated by at least one parent due to incarceration.
- An estimated 1,000 children were witnesses to violent crimes daily.

[*] All of the above data was extracted from the report "The Status of Young Children and their Mental Health Service Needs in Delaware." Commissioned for the Early Childhood Summit: Partnering to Promote Emotional Wellness in Young Children. The report was compiled by Dr. Michael Camel-McCormick, Center for Disabilities Studies, College of Human Services, Education and Public Policy, University of Delaware.

Principle Statement

☆ **We believe that:** Services are delivered in the least restrictive, most natural environment that is appropriate for the child.

Partnering to Promote

Emotional Wellness in Young Children

Delaware's Vision

Delaware commits to ensuring **emotional wellness** of all **young children** and their families within their communities.

Framework Goals at a Glance:

I. By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention and treatment services for young children, birth to five.

II. By 2005, offer educational opportunities to advance quality services that support the emotional wellness in young children.

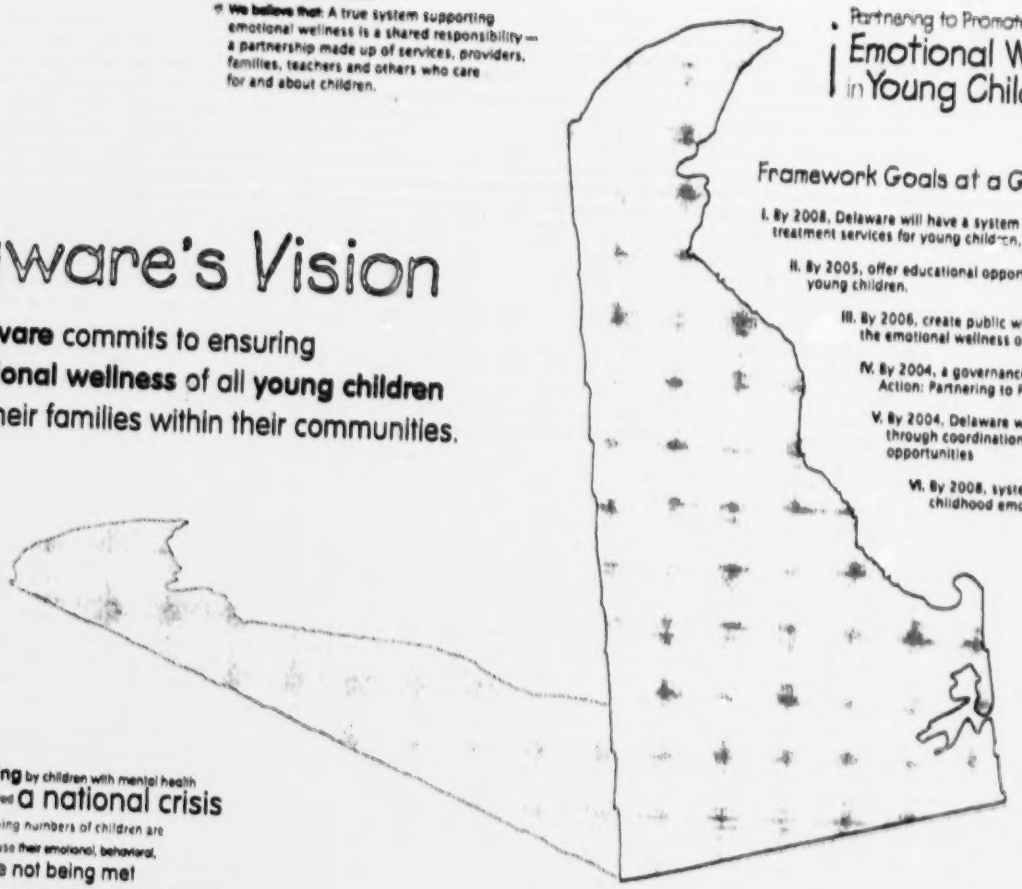
III. By 2006, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.

IV. By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

V. By 2004, Delaware will create financing opportunities to implement the Framework for Action through coordination, redirecting of existing resources, and state, federal, and private funding opportunities

VI. By 2008, systems will be implemented to measure the variety and quality of early childhood emotional wellness prevention, early intervention and treatment services.

We believe that: A true system supporting emotional wellness is a shared responsibility—a partnership made up of services, providers, families, teachers and others who care for and about children.



"**The burden of suffering** by children with mental health needs and their families has created **a national crisis** in this country. Growing numbers of children are **suffering needlessly** because their emotional, behavioral, and developmental needs **are not being met** by the institutions that are **created to take care of them.**"

David Satcher,
Surgeon General
of the United States
January 2001

We believe that: Every child and family receives individualized services tailored to meet their unique needs.

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I. Prevention, Early Intervention, & Treatment

Aligns with *Early Success* Goals

By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention and treatment services for young children, birth to five.

Strategy I.A

Develop a system to nurture the social and emotional development of children.

Implementation Tasks:

1. Involve medical community, public and private agencies, councils and task forces in creating and fostering preventive practices that promote emotional wellness in young children.
2. Infuse the promotion of social and emotional development in early care and education programs, parent education programs, home visiting and programs serving pregnant women.
3. Increase cultural and linguistic competence in early care and education programs.
4. Develop family-friendly workplaces that promote strong family-child relationships (onsite child care, job sharing to facilitate release time, family leave, telecommuting, etc.).

Strategy I.B

Develop a coordinated system to screen and assess the mental health needs of young children.

Implementation Tasks:

1. Request the Interagency Resource Management Committee and the Early Care and Education Council to appoint a workgroup to recommend appropriate emotional health screenings and assessments along with appropriate use based on the current research and disseminate recommendations to all programs serving young children.
2. Encourage major agencies providing services to young children to adopt appropriate screening and assessment protocols to meet the needs of children being served in a variety of educational settings.
3. Coordinate statewide training on recommended screenings, assessments, and protocols.

Strategy I.C

Implement evidenced-based early intervention and treatment for children birth to five.

Implementation Tasks:

1. Develop researched-based best practice guidelines to foster emotional and behavioral development in all settings serving children birth to five. Replicate "model programs" to implement promising practices.
2. Offer a variety of community based services that are delivered in a variety of settings including home, early care and education settings, schools, etc. for children birth to five. Focus special attention on children experiencing multiple stressors.
3. Partner with state agencies to ensure contracted services to young children are family focused, strength-based and culturally competent and offered in the child's natural environment.
4. Provide community based mental health consultations in early care and education settings for children with atypical behaviors. These consultations are to include classroom observations, family/provider consultations, family/provider interventions, and follow-up.
5. Develop supports and resources for staff in early care and education programs and other settings serving young children.
6. Support the implementation of *Early Success*' effort to enhance staff skills, qualifications and compensation to promote quality care and continuity for young children. Skill development should include competencies related to promoting emotional wellness of young children.
7. Create opportunities for families to share their stories to enhance services.

Strategy I.D

Strengthen the relationship between families and service providers, including caregivers.

Implementation Tasks:

1. Request major agencies to conduct a self-assessment of their philosophical base, practices and policies that impact family engagement.
2. Create a system-wide philosophical base that values the importance of families and their opinions, and focuses on family needs and values in the intervention and treatment process.
3. Establish environments, practices and services that welcome and respect families.
4. Offer a variety of mechanisms for communicating with families.
5. Expand the focus of engaging fathers and male role models in the lives of young children.
6. Infuse family components in all program standards.
7. Empower parents to partner in the prevention, early intervention and treatment process.
8. Create opportunities for families to share their stories to enhance services.

II. Education

Aligns with *Early Success* Goals

By 2005, offer educational opportunities to advance quality services that support emotional wellness in young children.

Strategy II.A

Increase the pool of interventionists and treatment providers with an understanding of young children, especially infant and toddlers.

Implementation Tasks:

1. Provide professional development opportunities to enhance skills of interventionists and mental health professionals working with children birth to five.
2. Promote cultural competence of interventionists and mental health professionals to address the needs of Delaware's diverse population.
3. Promote the recruitment of diverse mental health professionals that reflect the community and its needs.

Strategy II.B

Strengthen the relationship between families and service providers.

Implementation Tasks:

1. Advocate for cultural and linguistic competence in systems of care that support emotional wellness in young children and their families.
2. Infuse family support activities in the system's delivery of services.

Strategy II.C

Infuse the promotion of emotional wellness of young children into existing early care and education programs, including faith-based initiatives.

Implementation Tasks:

1. Develop and incorporate competencies related to social and emotional development of young children in early care and education program standards and developmental indicators.
2. Promote the inclusion of emotional wellness in faith-based health and parent education programs.

Strategy II.D

Develop skills in young children to problem solve, manage stress and anger, enhance self-esteem, promote social skills and become more resilient to social challenges.

Implementation Tasks:

1. Recommend a variety of appropriate (research-based/evidence-based) curricula that support best practice in promoting social and emotional wellness in children below the age of five. Provide ongoing training, technical assistance and incentives to support program implementation.
2. Ensure that social and emotional competencies and practices are infused in proposed readiness indicators and program standards.

Strategy II.E

Enhance employer understanding of family-friendly workplaces that support families of young children.

Implementation Tasks:

1. Engage the Delaware State Chamber of Commerce and other business groups to support the initiative by focusing on national workplace trends that can be adapted to support families with young children. Sponsor family and employee forums across the state to discuss promising practices and the feasibility of introducing these practices in the workplace.
2. Adapt materials for companies and businesses on family friendly practices (family leave, flexible hours, job sharing, etc.).
3. Support the implementation of Family Engagement strategies recommended in *Early Success*.

Strategy II.F

Enhance the role of families as primary nurturers of their children.

Implementation Tasks:

1. Educate families on the importance of supporting the emotional wellness of young children at home and empower families to select caregiver settings that nurture young children's social and emotional development.
2. Expand parent education programs to incorporate program standards related to family roles in building self esteem, playing an active role in children's lives, and promoting emotional wellness.
3. Increase opportunities for males and grandparents to enhance parenting roles.
4. Empower families to navigate and influence the service system by building skills in conflict resolution, effective communication, mediation, cultural competence, teamwork, and advocacy.

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III. Public Will

Aligns with *Early Success* Goals

By 2006, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.

Strategy III.A.

Heighten awareness of early childhood social and emotional issues and needs.

Implementation Tasks:

1. Develop and implement a public awareness campaign to include speakers' bureaus, distribution of materials, presentations of the Delaware Framework for Action, etc.
2. Create a coalition of child advocates, early care and education associations, media representatives, chambers of commerce, faith-based organizations, organized family groups, and other organizations to help organize and conduct the campaign.
3. Educate Delaware employers on workplace practices that support the emotional wellness of young children.
4. Partner with service providers to disseminate evidence-based practices to meet the social and emotional needs of young children.

Strategy III.B

Advocate for public policy that supports the emotional wellness of young children, birth to five.

Implementation Tasks:

1. Obtain commitment for the emotional wellness effort to be part of the Governor's early childhood agenda.
2. Obtain commitment from Cabinet Secretaries and Division Leadership to support an interagency approach to implement evidenced-based emotional wellness strategies for young children and families served within their agencies.
3. Strategize ways that agencies and the private sector can participate in implementing the Delaware Framework for Action.
4. Educate legislators about the importance of supporting policies that promote emotional wellness of young children.
5. Obtain commitment from professional organizations (i.e. pediatricians, social workers, psychologists, etc.) to engage in national initiatives that support the emotional wellness of young children.
6. Support *Early Success'* effort for access to quality care and education programs as a major advancement in nurturing young children's emotional wellness.

Interconnected Strategy

We believe that Child and family agencies coordinate services for effective case management.

IV. Governance

Aligns with *Early Success* Goals

By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

Successful action will occur when we create the momentum needed to garner public and private resources in a collaborative manner to support the whole child. Current policy papers and research recommend that a public-private approach to promoting emotional wellness is also crucial. Emotional wellness of young children is a system-wide concern and should be supported in the same manner.

It is therefore critical that an interagency authorizing group oversees this effort. In addition, the following organizational elements are essential:

- Align with the Office of Delaware Early Care and Education Office that oversees the implementation of *Early Success*.
- Assign a full time staff person to coordinate activities associated with this initiative.
- Create a specialized group (preferably Governor appointed), with expertise in the field of programs and polices related to emotional wellness to advise staff.
- Consider a university partnership, currently used in some states, as an appropriate setting for this public-private initiative.
- The Governor will have ultimate authority to designate and charge the public-private endeavor.

Interconnected Strategy

We believe that Family members of young children work together as partners with the service delivery system.

Strategy IV.A.

Present plan to the Governor for endorsement and determination of lead state department.

Strategy IV.B.

Identify an authorizing group to lead the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

Strategy IV.C.

Create an executive order or applicable legislation for the creation of the initiative.

Strategy IV.D.

Obtain financing to staff the initiative.

V. Financing

Beginning 2004, Delaware will create financing opportunities to implement the Framework for Action through coordination, redirecting existing resources, and state, federal, and private funding opportunities.

Strategy V.A.

Involve all agencies and interested stakeholders in creating a system to support the emotional wellness in young children.

Implementation Tasks:

1. Meet with leadership from major agencies and interested stakeholders to determine legislative, policy, coordination or funding issues needed to implement the Framework for Action, including:

   The Interagency Resource Management Committee
   The Department of Services to Children, Youth and their Families
   Early Head Start/Head Start, Early Childhood Assistance Programs
   Healthy Start
   Delaware Early Childhood Center
   Early Care and Education Councils
   Other stakeholders
   The Delaware Department of Education
   The Department of Health and Social Services
   The Developmental Disabilities Council
   Families and Communities Together
   Alfred I DuPont Hospital and Christina Care
   Institutions of Higher Education

2. Obtain agency and other stakeholder commitment to immediately begin activities that require coordination, available redirection of existing funding, and practice change.

3. Strategize coordinated efforts to determine best focus for key agencies and other interested stakeholders.

4. Publish policy changes and legislative actions needed to support the system. Include these in the Public Will campaign.

Strategy V.B.

Target agencies and programs with funding streams that may have the flexibility to support best practices for supporting emotional wellness in young children.

Implementation Tasks:

1. Request the Department of Education (DOE) to investigate ways the Individual Disabilities Education Act (IDEA) and No Child Left Behind Act (NCLBA) can be used to better serve young children with emotional, behavioral, and social development delays or disorders.

2. Request the Department of Health and Social Services(DHSS) to review how delays in emotional, behavioral, and social development of infant and toddlers are interpreted under existing eligibility requirements and work together with Part C to develop a protocol for supporting infant and toddler emotional wellness services.

3. Request the Department of Children, Youth and their Families (DSCYF) to implement a consultation model based on scientific research that include observations as part of the assessment process and staff and parent consultations as part of the intervention plan and follow-up.

4. Work with Medicaid to review the early childhood consultation model to determine reimbursable components for managed care providers interested in linking with early childhood programs.

Strategy V.C.

Make information regarding funding opportunities readily available to Delaware stakeholders.

Implementation Tasks:

1. Coordinate funding to create new opportunities, support unfunded activities, and expand promising practices, etc.

2. Apply to government and private sources for funding to support components of the Framework for Action.

3. Create a website to inform stakeholders of ongoing funding opportunities and provide notice of applications and abstracts for funding that support the implementation of the Framework for Action.

Underlying Beliefs

- **We believe that:** All young children and their families must be treated with fairness, respect, and dignity in a culturally and linguistically competent way within their communities.

VI. Results

By 2008, systems will be implemented to measure the variety and quality of early childhood emotional wellness prevention, early intervention and treatment services.

These systems will:

- track the types, quantity and quality of services
- track the number of practitioners, interventionists, employers, lay persons, and family members educated to support young children's emotional wellness and to treat concerns
- measure the quality of the relationship between families and providers
- determine the change in the general public's awareness of the importance of young children's social and emotional development and wellness
- track the state and local level services that support families and the social and emotional development and wellness of their young children
- track changes in legislation, regulations, and program guidelines regarding prevention, early intervention, and treatment of young children's social and emotional wellness
- and track the use of funds from local, state, federal, and private sources dedicated to supporting prevention, early intervention, and treatment of young children's social and emotional wellness

Underlying Beliefs

- **We believe that:** Every child is eligible for services to support emotional well being.

The importance of collecting information and tracking the changes that occur based on this initiative is critical. To see forward movement, we must ensure that evidence based procedures are being used to determine the effectiveness of our strategies. Because this initiative focuses on prevention, early intervention, and treatment and views the family as a critical component in these efforts, evaluations of the initiative must take place within and across multiple systems.

Strategy VI.A.

Using families, community representatives, professionals, and state personnel, engage in the development of definitions of what constitutes prevention, early intervention, and treatment services to very young children and their families and the system of care. These definitions will be used for all evaluation and monitoring activities.

Strategy VI.B.

Track and measure the public and private partners who provide prevention, early intervention, and treatment services to very young children and their families in the social and emotional wellness system of care. The services tracked and measured should include screening and assessment services, clinical, community, and home early intervention and treatment services, referral services, follow-up services, and family support services. All tracking and measurement should allow for analysis to determine if families from specific ethnic or cultural backgrounds have access to services.

Strategy VI.C.

Track the content of orientation, training, and education for early childhood educators, childcare providers, home visitors, Head Start, ECAP and Early Head Start personnel, programs serving pregnant women and other programs serving young children and their families. This tracking should include the extent to which social and emotional issues are addressed, the availability of the services in the community, the depiction and representation of social and emotional wellness through the culture of families being served, and information about social and emotional wellness for families from underserved populations and communities.

Strategy VI.D.

Survey workplaces regarding employment practices related to supporting families as they work to enhance their children's social and emotional wellness.

Strategy VI.E.

Survey providers to determine the number with specific training to work with young children and their families. This survey should include determining the number qualified to work with young children and the types of training they have received in this area compared to the number currently working with young children.

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We believe that: All young children and their families have the right to emotional wellness.

We believe that: All young children are worthy of safe, stable, caring and nurturing environments.

Glossary

Caregiver— an individual or institution that provides non-familial care for a child or group of children.

Cultural Competence — (Cross, Bazron, Dennis, & Isaacs, 1989) - A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or professionals to work effectively in cross cultural situations.

Five elements that characterize culturally competent organizations:

1. They value diversity (i.e., understand that other cultures may adhere to preference for certain values, behaviors that differ from the dominant culture

2. They have a system for cultural self-assessment that allows them to choose policies and practices that reduce barriers to participation for members of various cultural groups

3. They are aware of the dynamics that occur when persons from different cultures interact (e.g., differences in communication styles, help seeking behavior, or problem solving styles)

4. They institutionalize cultural knowledge (e.g. through provision of culturally appropriate services, cross-cultural training for staff, or establishing networks with community leaders and groups)

5. They are able to adapt to diversity (e.g., adopt policies and procedures to reduce negative stereotypes and prejudices)

Evidence-based Practices— Practices are considered "evidence-based" when multiple research studies using the same or similar practices are related to the same or similar results or findings. Replication of the same effects across studies strengthens the ability to relate a specific practice to a specific outcome.

Early Childhood Mental Health Consultation— is a problem-solving intervention involving a partnership between an early care and education learning setting and a mental health professional. The family centered intervention is usually focused on a child but could involve a continuum of interventions for a classroom or an entire program.

Emotional Wellness— is the ability to trust, thrive, relate to others and have a sense of well being, personal worth, and resilience.

Family— is a group of individuals responsible for the primary care and nurturance of a child, including non-custodial parents and foster parents.

Intervention— (Institute of Medicine Report, 1994) Interventions that take place before a disorder is diagnosed; three categories of preventive interventions: universal, selective, and indicated.

1. Universal interventions are made available to the general public or to the whole population with the goal of creating or enhancing conditions that support the child's behavior and reducing the probability of challenges to the child's behavior.

Example: parent education programs made available to everyone in the community, or a family resource center that is open to everyone.

We believe that: A full array of services and supports should be provided in the home community in which the young child lives.

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We believe that: Early identification and intervention are essential to positive outcomes for children.

2. Selective interventions are targeted to individuals or subgroups whose risk of developing a mental disorder is significantly higher than average in order to reduce the incidence or severity of potentially challenging conditions or disorders. This might include groups who have biological, psychological or social risks.

Examples: home visiting programs for teenage mothers who have recently given birth or support programs for families involved with drugs or alcohol.

3. Indicated interventions are targeted to young children who are identified as having minimal but detectible signs that suggest the risk of future development of a mental disorder. These interventions take place early in order to address the existence of the emerging disorder, and to prevent the possibility of a secondary disability emerging. This could include the presence of a biological marker that suggests a predisposition for an emotional or behavioral problem but does not yet meet diagnostic criteria.

Examples might include a child born with characteristics of fetal alcohol effect, or a child who is slow to develop social behaviors.

Prevention often referred to as promotion - (Mrazek and Haggerty) - Activities offered to individuals and groups to develop competence and self-esteem; focuses on supporting general well being rather than intervening in or preventing illness.

Scientifically based research: (Leave No Child Behind Act, 2002)

The term "Scientifically based research"

1. "means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and

We believe that: Families are essential participants in all aspects of a child's life.

2. Includes research that —

i. employs systematic, empirical methods that draw on observation or experiment;

ii. involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;

iii. relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;

iv. is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contains within-condition or across-condition controls.

v. ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and

vi. has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review."

Stakeholders — are individuals, agencies, businesses, professional organizations, legislators, philanthropists and constituency groups interested in a common cause.

Treatment — (Institute of Medicine Report, 1994) Services that take place after intervention has been unsuccessful over a period of time, usually two to six months, and a diagnosis of an emotional disorder has been made.

Young children — referenced in this report includes prenatal care and children from birth to school entry.

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